



MAR 24 2008

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/825,931
Filing Date	April 15, 2004
First Named Inventor	Michael M. Thackeray et al.
Art Unit	1745
Examiner Name	Stephen J. Kalafut
Attorney Docket Number	ANL 268

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Certificate of Correction; return receipt postcard
<b>Remarks</b> U.S. patent no. 7,314,682 B2		

Certificate  
of Correction  
MAR 26 2008

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Olson & Hierl, Ltd.Ltd.		
Signature			
Printed name	HARRY M. LEVY		
Date	3/20/08	Reg. No.	24,248

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Clarence Ray	Date	3/20/08

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

0

**Complete if Known**

Application Number	10/825,931
Filing Date	April 15, 2004
First Named Inventor	Michael M. Thackeray et al.
Examiner Name	Stephen J. Kalafut
Art Unit	1745
Attorney Docket No.	ANL 268

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 15-0508 Deposit Account Name: Olson & Cepuritis, Ltd.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=		370	185	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent) 24,248	Telephone 312-580-1180
Name (Print/Type)	HARRY M. LEVY	Date 3/20/08

This collection of information is required by 37 CFR 1.106. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**UNITED STATES PATENT AND TRADEMARK OFFICE**  
**CERTIFICATE OF CORRECTION**

Page 1 of 1

PATENT NO. : 7,314,682 B2

APPLICATION NO.: 10/825,931

ISSUE DATE : January 1, 2008

INVENTOR(S) : Michael M. Thackeray, Jeom-Soo Kim and Christopher S. Johnson

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Claim 1, line 22, delete the "comma" after the word "formula".

Claim 14, line 62, after the word "oxide" insert --of--.

Claim 29, line 41, delete "in";  
line 42, first occurrence, delete "which";

Claim 31, line 22, after the word "electrode" insert --comprising a lithium metal oxide having the--;

line 22, after the word "formula" delete

"  $x\text{Li}_{2-y}\text{H}_y\text{O} \bullet x\text{M}'\text{O}_2 \bullet (1-x)\text{Li}_{1-z}\text{H}_z\text{MO}_2$  compounds in  $x\text{Li}_2\text{M}'\text{O}_3 \bullet (1-x)\text{LiMO}_2$ , "

and insert --

-- $\text{Li}_{(2+2x)/(2+x)}\text{M}'_{2x/(2+x)}\text{M}_{(2-2x)/(2+x)}\text{O}$ , in which  $0 < x < 1$  and  $\delta$  is greater than zero and less than 0.2, and --

**MAILING ADDRESS OF SENDER (Please do not use customer number below):**

Harry M. Levy, Olson & Cepuritis, Ltd.  
20 North Wacker Drive, 36th Floor  
Chicago, IL 60606

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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